

<i>SERFF Tracking Number:</i>	<i>PENM-125845617</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Millers Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>2008-050</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Solutions 2000 for Agribusiness</i>		
<i>Project Name/Number:</i>	<i>Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050</i>		

Filing at a Glance

Company: Penn Millers Insurance Company

Product Name: Solutions 2000 for Agribusiness SERFF Tr Num: PENM-125845617 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: EFT \$150

Sub-TOI: 17.2020 Commercial Umbrella & Excess

Co Tr Num: 2008-050

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Stanley Balut

Disposition Date: 10/17/2008

Date Submitted: 10/06/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43

Status of Filing in Domicile: Authorized

Project Number: 2008-050

Domicile Status Comments: Approved without change or comment

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Penn Millers Insurance Company, an agribusiness specialty insurer in Arkansas, wishes to place on file two new, optional, endorsements applicable to our Solutions 2000® for Agribusiness product as well as withdraw previously approved Company form PMCU-505 in favor of ISO form CU 21 43. Attached NAIC Transmittal documents provides details of our request.

SERFF Tracking Number: PENM-125845617 State: Arkansas
Filing Company: Penn Millers Insurance Company State Tracking Number: EFT \$150
Company Tracking Number: 2008-050
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess
Product Name: Solutions 2000 for Agribusiness
Project Name/Number: Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21
43/2008-050

Company and Contact

Filing Contact Information

Stanley Balut, Senior Analyst sbalut@pennmillers.com
PO Box P (800) 233-8347 [Phone]
Wilkes-Barre, PA 18773-0016 (570) 829-2060[FAX]

Filing Company Information

Penn Millers Insurance Company CoCode: 14982 State of Domicile: Pennsylvania
PO Box P Group Code: -99 Company Type:
72 North Franklin Street
Wilkes-Barre, UNK 18773-0016 Group Name: State ID Number:
(800) 233-8347 ext. [Phone] FEIN Number: 24-0686200

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: Two new forms @\$50 = \$100
One withdrawn form @\$50 = \$50
Total = \$150
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn Millers Insurance Company	\$150.00	10/06/2008	22953710

<i>SERFF Tracking Number:</i>	<i>PENM-125845617</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Millers Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>2008-050</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Solutions 2000 for Agribusiness</i>		
<i>Project Name/Number:</i>	<i>Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/17/2008	10/17/2008

<i>SERFF Tracking Number:</i>	<i>PENM-125845617</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Millers Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>2008-050</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Solutions 2000 for Agribusiness</i>		
<i>Project Name/Number:</i>	<i>Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050</i>		

Disposition

Disposition Date: 10/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PENM-125845617* *State:* *Arkansas*
Filing Company: *Penn Millers Insurance Company* *State Tracking Number:* *EFT \$150*
Company Tracking Number: *2008-050*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2020 Commercial Umbrella & Excess*
Product Name: *Solutions 2000 for Agribusiness*
Project Name/Number: *Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050*

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal Forms	Approved	Yes
Supporting Document	Comparsion PMCU-505 and CU 21 43 Forms	Approved	Yes
Form	Amended Insured Contract Definition – Terminal Access Agreement	Approved	Yes
Form	Amended Insured Contract Definition – Supply of Product	Approved	Yes
Form	Exclusion – Designated Products	Approved	Yes

SERFF Tracking Number: PENM-125845617 State: Arkansas

Filing Company: Penn Millers Insurance Company State Tracking Number: EFT \$150

Company Tracking Number: 2008-050

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Solutions 2000 for Agribusiness

Project Name/Number: Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amended Insured Contract Definition – Terminal Access Agreement	PMCU-510	09 08	Endorsement/Amendment/Conditions		37.80	PMCU-510 (09 08).pdf
Approved	Amended Insured Contract Definition – Supply of Product	PMCU-511	09 08	Endorsement/Amendment/Conditions		44.10	PMCU-511 (09 08).pdf
Approved	Exclusion – Designated Products	PMCU-505	05 02	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #: None Provided by Dept		PMCU-505 (05 02) - Withdrawn.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDED INSURED CONTRACT DEFINITION –
TERMINAL ACCESS AGREEMENT**

This endorsement modifies insurance provided under the following:

Commercial Liability Umbrella Coverage Form

The following is added to **SECTION V – DEFINITIONS, 9.** “Insured contract”.

A terminal access agreement or terminal access contract.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDED INSURED CONTRACT DEFINITION –
SUPPLY OF PRODUCT**

This endorsement modifies insurance provided under the following:

Commercial Liability Umbrella Coverage Form

SCHEDULE*
Product:
* Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to **SECTION V – DEFINITIONS, 9. “Insured contract”**.

A contract or agreement either written or verbal to supply the “product” shown in the **SCHEDULE**.

“Product” means those commodities, goods, deliverables, fungibles, materials, merchandise, or services as described in the **SCHEDULE**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED PRODUCT

This endorsement modifies insurance provided under the following:

Commercial Liability Umbrella Coverage Part

SCHEDULE

Description Of Your Product:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of "your product" shown in the Schedule.

<i>SERFF Tracking Number:</i>	<i>PENM-125845617</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Millers Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>2008-050</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Solutions 2000 for Agribusiness</i>		
<i>Project Name/Number:</i>	<i>Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21 43/2008-050</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PENM-125845617 State: Arkansas
Filing Company: Penn Millers Insurance Company State Tracking Number: EFT \$150
Company Tracking Number: 2008-050
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess
Product Name: Solutions 2000 for Agribusiness
Project Name/Number: Introduction of Forms PMCU 510 & PMCU-511 and Withdrawal of Company Form PMCU-505 in Favor of ISO Form CU 21
43/2008-050

Supporting Document Schedules

Review Status:
Satisfied -Name: NAIC Transmittal Forms Approved 10/17/2008
Comments:
Attachment:
NAIC Transmittal Forms.pdf

Review Status:
Satisfied -Name: Comparision PMCU-505 and CU 21 Approved 10/17/2008
43 Forms
Comments:
Attachments:
Comparison PMCU-505 v CU 21 43.pdf
CU 21 43 12 04 - Information.pdf

1. Reserved for Insurance Dept. Use Only		2. Insurance Department Use only			
		a. Date the filing is received:			
		b. Analyst:			
		c. Disposition:			
		d. Date of disposition of the filing:			
		e. Effective date of filing:			
		New Business			
		Renewal Business			
		f. State Filing #:			
g. SERFF Filing #:					
h. Subject Codes					
3. Group Name				Group NAIC #	
Penn Millers				125	
4.	Company Name(s)	Domicile	NAIC #	FEIN #	
	Penn Millers Insurance Company	Pennsylvania	14982	24-0686200	
5. Company Tracking Number		2008-050			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Stanley R Balut PO Box P Wilkes-Barre, PA 18773-0016	Senior Analyst	800-233-8347	750-829-2060	sbalut@pennmillers.com
7.	Signature of authorized filer		/s/ <i>Stanley R Balut</i>		
8.	Please print name of authorized filer		Stanley R Balut		
Filing information (see General Instructions for descriptions of these fields)					
9.	Type of Insurance (TOI)	17.0000 – Other Liability			
10.	Sub-Type of Insurance (Sub-TOI)	17.0020 – Umbrella and Excess			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	Solutions 2000® for Agribusiness			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other			
14.	Effective Date(s) Requested	New:	Dec 1 2009	Renewal:	Dec 1 2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	Oct 6 2008			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	2008-050
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Penn Millers Insurance Company, an agribusiness specialty insurer in Arkansas, wishes to place on file two new, optional, endorsements applicable to our Solutions 2000® for Agribusiness product as well as withdraw previously approved Company form PMCU-505 in favor of ISO form CU 21 43.

1. PMCU 510 & PMCU-511 Introduced

- **PMCU-510** (09 08), Amended Insured Contract Definition – Terminal Access Agreement; and
- **PMCU-511** (09 08), Amended Insured Contract Definition – Supply of Product

PMCU-510 (09 08), Amended Insured Contract Definition – Terminal Access Agreement expands the definition of an insured contract found in the underlying CU 00 01, Commercial Liability Umbrella Coverage Form to include any terminal access agreement or contract.

Form **PMCU-510** is an optional endorsement with no associated premium charge.

PMCU-511 (09 08), Amended Insured Contract Definition – Supply of Product expands the definition of an insured contract found in the underlying CU 00 01, Commercial Liability Umbrella Coverage Form to include any contract or agreement either written or verbal to supply a product as described in the form's Schedule.

The term product is defined to mean either commodities, goods, deliverables, fungibles, materials, merchandise, or services described in the Schedule.

Form **PMCU-511** is an optional endorsement with no associated premium charge.

2. PMCU-505 Withdrawn

PMCU-505 (05 02) [Exclusion – Designated Products] was developed due to the lack of a comparable ISO form in 2002.

ISO has subsequently developed form **CU 21 43 12 04** which is almost identical to our form. The CU 21 43 was approved for use in Arkansas effective 06-01-2005 under ISO Filing Designation CU-2004-OF03.

Keeping with our use of ISO forms whenever possible, and since the ISO has permission to file Commercial Liability Umbrella forms on our behalf in Arkansas, PMCU-505 is withdrawn in favor of the CU 21 43 form. The attached comparison provides a comparison between the PMCU-505 and CU 21 43 forms.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:	EFT via SERFF
Amount:	\$150

Three forms @\$50 each = \$150

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #	2008-050
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	-----

3.	Form Name / Description/ Synopsis	Form # Include Edition Date	Replacement Or Withdrawn?	If Replacement Give Form # It Replaces	Previous State Filing Number, If Required By State
01	Amended Insured Contract Definition – Terminal Access Agreement	PMCU-510 (09 08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None	None
02	Amended Insured Contract Definition – Supply of Product	PMCU-511 (09 08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None	None
03	Exclusion -Designated Products	PMCU-505 (05 02)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	NA	None provided by Dept.
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
13			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

Comparison of Company Form PMCU-505 With ISO Form CU 21 43 – Designated Products
Exclusion

COMMERCIAL LIABILITY UMBRELLA COVERAGE
PMCU-505 (05 02)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED PRODUCT

This endorsement modifies insurance provided under the following:

Commercial Liability Umbrella Coverage Part

SCHEDULE

Description Of Your Product:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of "your product" shown in the Schedule.

COMMERCIAL LIABILITY UMBRELLA
CU 21 43 12 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED PRODUCT

This endorsement modifies insurance provided under the following:

Commercial Liability Umbrella Coverage Part

SCHEDULE

Designated Product(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of any of "your products" shown in the Schedule.

POLICY NUMBER:

COMMERCIAL LIABILITY UMBRELLA
CU 21 43 12 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED PRODUCTS

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

SCHEDULE

Designated Product(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.
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This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of any of "your products" shown in the Schedule.